

J. NUTRITION EDUCATION EVALUATION AND PLAN

Overview

Introduction Each WIC agency must submit an annual Nutrition Education Evaluation and Plan. The purpose of this document is to provide baseline information and assess the quality of the nutrition services provided by the agency during the previous year and outline criteria and goals for the upcoming year. The Nutrition Education Evaluation and Plan is mandated by federal regulations.

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J.1. Writing the Nutrition Education Evaluation and Plan

**When is the
Evaluation and
Plan due**

The annual Nutrition Education Evaluation and Plan is due in the state WIC office by December 1st each year.

**Time Period
Covered in the
Plan**

The document should cover information from January 1 - December 31st.

**Submitting the
Evaluation and
Plan**

Send the Evaluation and Plan to the state WIC Nutrition Coordinator.

**Who prepares
the Evaluation
and Plan**

The RD should coordinate the preparation of the Evaluation and Plan, in conjunction with the WIC Administrator and Breastfeeding Coordinator. Please indicate who prepared the document when it is submitted.

**How will the
Evaluation and
Plan be
approved**

The state nutritionist who conducts the local agency's Management Evaluation will review the document. An approval letter or request for additional information will be sent to the Local Agency Health Officer and WIC Director. Once all clarifications have been made, an official approval letter will be sent to the Local Agency Health Officer and WIC Director.

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J.1. Writing the Nutrition Education Evaluation and Plan, Continued

Required components of the Nutrition Education Plan

Answer the following questions **consecutively** when preparing the Plan.

Areas to include	Questions to answer
Quality Assurance Submit the completed QA audit forms with the plan (see Quality Assurance section for directions).	<ol style="list-style-type: none">1. Did your agency improve the deficiencies noted in last year's plan?2. What areas of deficiency were identified from the QA audit?3. How will these areas be improved during the upcoming year?
Participant Satisfaction Survey	<ol style="list-style-type: none">4. Did your agency improve areas of concern noted in last year's Participant Satisfaction Survey?5. Which questions did participants respond most positively to this year?6. What were the areas of concern identified by participants this year?7. How will you utilize the results of the survey to improve services in your agency during the upcoming year?
Needs Assessment Submit the completed needs assessment forms with the plan.	<ol style="list-style-type: none">8. Please evaluate the goals your agency set last year9. Please write 3 measurable nutrition goals based on the results of your needs assessment with an action plan or activities that will help you reach this goal. Keep goals simple, obtainable, and measurable.

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J.1. Writing the Nutrition Education Evaluation and Plan,

Continued

Required components of the Nutrition Education Plan (continued)

Areas to include	Questions to answer
Nutrition Education Classes for Participants All class outlines for the upcoming year must be listed on the approved state outline list or a date the outline will be submitted must be included.	10. Which classes were received most positively? Which classes were not well received by the participants? Why? 11. What new class topics will you be adding to your schedule this year? 12. What is the schedule for group nutrition education classes for each month during the upcoming year? (Jan. - Dec.) Each schedule must include: <ul style="list-style-type: none">• month• date/day of week• times• class title• computer code• language The schedule must demonstrate that an adequate variety of classes and class times are offered to meet the nutritional needs for different categories of participants. 13. What method will you use to ensure CPAs assign appropriate class for each education visit?
High Risk	14. What method does your agency/clinic employ to ensure high risk participants will be scheduled for appropriate follow-up? 15. Who writes the original care plan for high risk at certification? 16. Who does the high risk second contact in your clinic? 17. Where are high risk care plans documented? (attach any special forms used)

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J.1. Writing the Nutrition Education Evaluation and Plan,

Continued

Required components of the Nutrition Education Plan (continued)

Areas to include	Questions to answer
Breastfeeding	<p>18. Who is responsible for coordinating breastfeeding promotion and support activities?</p> <p>19. What is your plan for integrating breastfeeding education into prenatal and postpartum contacts?</p> <p>20. What is your plan for creating an environment that is clearly supportive of breastfeeding (i.e. staff training, breastfeeding friendly staff, posters, bulletin boards, pictures, nursing space, etc.)</p> <p>21. What is your plan for developing a more coordinated breastfeeding promotion effort with organizations in your community (hospitals, physicians, nurse midwives, lactation educators, childbirth educators, health department, colleges and universities, LaLeche League, etc.)?</p> <p>22. What is your plan of providing peer support for prenatal and breastfeeding women?</p>

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J.1. Writing the Nutrition Education Evaluation and Plan,

Continued

Required components of the Nutrition Education Plan (continued)

Areas to include	Questions to answer																																
Nutrition Education Activities for Special Language Groups	23. What is the racial/ethnic breakdown of your clinic(s)? Refer to UWIN report WICP5101 "Racial & Ethnic Participation."																																
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24. Do you provide interpreters for languages other than English at certifications? At classes? Which languages? Please provide a list of interpreters for your agency.																																	
25. Do you feel like you are meeting the needs of non-English participants in your clinic(s)? Please explain.																																	

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J.1. Writing the Nutrition Education Evaluation and Plan,

Continued

Required components of the Nutrition Education Plan (continued)

Areas to include	Questions to answer
Nutrition Education for Special Situations	26. What community based substance abuse treatment agencies are available in your area? How do you refer participants to these agencies? 27. What is the procedure in your agency for reporting and referring child abuse and domestic violence cases? 28. What are your extended hours for participants who can not come in during normal work hours? 29. List the methods that you will employ to provide nutrition education to homeless and migrant participants?
Nutrition Education Inservices Please review the results of your QA, Needs Assessment, Participant Satisfaction Survey, and class schedule as you develop your inservice plan.	30. How do you determine the educational needs of your staff? 31. List the inservices provided to your staff in the last year. 32. What is the inservice schedule for the upcoming year? <ul style="list-style-type: none">• who will be required to attend the inservices?• how often will inservices be held?• who will teach each inservice? 33. Are inservices directly related to WIC nutrition education? 34. Is there one inservice planned to review the Nutrition Education Evaluation and Plan? When? 35. Is there at least one inservice covering a breastfeeding topic? When? 36. What methods are used to evaluate inservices?
Nutrition Education Outreach & Referrals	37. Who are the other nutrition services (EFNEP, LEs, hospital services, university services, food banks etc.) 38. How do you utilize their services for outreach, networking, collaboration, and/or referrals.

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J.2. Quality Assurance

Purpose	Quality assurance is a problem solving approach to measure and monitor nutritional health care to assure that it is effective and efficient. It is also used to assure the provision of consistent nutritional care to WIC participants throughout the entire state.
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Policy	The Utah WIC Program has developed nutritional Quality Assurance Criteria for all 5 categories of WIC participants. There are criteria for expectant women, breastfeeding women, postpartum women, infants and children. These criteria should be on file in each WIC local agency. Please contact your supervisor or the State WIC office for copies of this document. The criteria were updated in 2000. These criteria should be used in planning and writing your Nutrition Education Evaluation and Plan and as a reference to understanding each column on the audit forms.
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The Quality Assurance Audit is conducted yearly and should be conducted under the direction of the WIC Administrator or RD in charge of quality assurance. The results of the Quality Assurance Audit must be submitted to the state office as part of the Nutrition Education Evaluation and Plan due December 1 each year.

Quality Assurance Audits may be done more frequently to review employee performance and for employee training. These additional audits are for local agency use and do not need to be sent in with the Nutrition Education Evaluation and Plan.

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J.2. Quality Assurance, Continued

Conducting the Quality Assurance (QA) audit

General instructions:

1. The annual Quality Assurance audit can be conducted by using one of two methods:
 - Completing a “**Random Pull**” of participant charts, or
 - Using the “**Ad Hoc Mailing Register Reports**” that had been run 6 or more months prior to the audit.
2. Both methods require the same number of charts per participant category.

Number of Charts in Audit

	Clinics with -	
	< 2000 participants	≥ 2000 participants
Pregnant women	5 (2 high risk)	10 (4 high risk)
Breastfeeding women	5 (2 high risk)	10 (4 high risk)
Postpartum women	4 (2 high risk)	5 (2 high risk)
Infants	8 (3 high risk)	16 (7 high risk)
Children	10 (4 high risk)	20 (8 high risk)

For example, if your clinic size is < 2000 participants, for pregnant women you will need to pull 5 charts total and 2 of the 5 charts must be high risk.

3. Local agencies with more than one clinic site need to do a complete audit at each clinic site and pull the number of designated charts based on each clinic's size.
4. The QA audit requires you to audit only participants who have a completed certification period. The completed certification period should be within the last 12 months. By collecting information from the last 12 months, you will be auditing current clinic practices and the current year's Policy and Procedures.
5. If you find that a chart has an exception (i.e. terminated midcert, missed two appointments, etc.) or the certification period for the participant has not been completed, pull another chart.

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J.2. Quality Assurance, Continued

Conducting the Quality Assurance (QA) audit, continued

6. Record the audit on the Quality Assurance Audit form for each participant category. Procedures and guide to the abbreviations used on the audit form are found in this section.
 7. Submit a copy of the Quality Assurance Audit forms along with your assessment of the results with the Nutrition Education Evaluation and Plan to the state office by December 1.
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Random Pull method

If you are doing the “Random Pull” method, it is best to pull charts from as wide a variety of risk factor groups as possible. The “Risk Factor Groups” are defined later in this section.

Ad Hoc Mailing Register Report method

Run the Ad Hoc Mailing Register report for all risk factors at least 6 months prior to doing your QA audit. The Ad Hoc report should be run at each clinic site to generate a list of participants with certain risk factors. This will enable charts to be easily located when needed for the Quality Assurance Audit.

When running the Ad Hoc Mailing Register, specify Active participants in the status field. You must specify individual risk factors in the risk factor fields in order for the risk factors to print on the register. Otherwise, the report will list participants, but not risk factors.

Pull charts from the Ad Hoc Mailing Register report in accordance with the instructions outlined under “Risk Factor Groups.”

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J.2. Quality Assurance, Continued

Risk Factor Groups

Running the Ad Hoc Mailing Register for Nutrition Risk Factor Groups

1. Run yearly at each clinic site in order to prepare the annual Quality Assurance Audit.
2. You must run a report for every nutrition risk factor in each of the 5 participant categories.
3. When running the Ad Hoc report:
 - in the status field, you must specify Active
 - specify the participant category (P, B, N, I, C)
 - you can enter up to 5 nutrition risk factors per report
4. Below are the risk factor groups set up in groups of 5 so you can easily run the reports.

Category		Quality Assurance NRF Groups	Sets of 5 NRFs for Ad Hoc Reports
Pregnant Women	Anthropometric	101, 111, 131-133	101, 111, 131-133
<ul style="list-style-type: none"> • 10 risk factor groups • clinics with < 2,000 participants audit 5 charts with 2 being high risk • clinics with > 2,000 participants audit 10 charts with 4 being high risk 	Biochemical	201, 211	201, 211
	Complications	301-303	301, 302, 303
	Past History	311, 312, 321, 337	311, 312, 321, 337
	Pregnancy risks	331-36, 338	331-335 336, 338
	Disease states	341-349	341-345 346-249
	Nutrition/dental	351-362, 381	351-355 356-360 361, 362, 381
	Substances	371, 372a, 372b	371, 372a, 372b
	Dietary	402, 421, 422-424	402, 421, 422-424
	Miscellaneous	801, 802, 901-903	801, 802, 901-903

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J.2. Quality Assurance, Continued

Risk Factor Groups (continued)

Category		Quality Assurance NRF Groups	Sets of 5 NRFs for Ad Hoc Reports
Breastfeeding Women	Anthropometric	102, 112, 133	102, 112, 133
<ul style="list-style-type: none"> 10 risk factor groups clinics with < 2,000 participants audit 5 charts with 2 being high risk clinics with > 2,000 participants audit 10 charts with 4 being high risk 	Biochemical	201, 211	201, 211
	Complications	331-333, 335	331-333, 335
	Past History	303, 311, 312, 321, 337	303, 311, 312, 321, 337
	Disease states	341-349	341-345 346-249
	Nutrition/dental	351-362, 381	351-355 356-360 361, 362, 381
	Substances	371, 372a, 372b	371, 372a, 372b
	Dietary	402, 420-424	402 420-424
	Breastfeeding	601a, 601b, 601c, 602	601a, 601b, 601c, 602
	Miscellaneous	801, 802, 901-903	801, 802, 901-903
	Prevention	501	Do not need to audit
Postpartum Women	Anthropometric	102, 112, 133	102, 112, 133
<ul style="list-style-type: none"> 9 risk factor groups clinics with < 2,000 participants audit 4 charts with 2 being high risk clinics with > 2,000 participants audit 5 charts with 2 being high risk 	Biochemical	201, 211	201, 211
	Complications	331-333, 335	331-333, 335
	Past History	303, 311, 312, 321, 337	303, 311, 312, 321, 337
	Disease states	341-349	341-345 346-249
	Nutrition/dental	351-362, 381	351-355 356-360 361, 362, 381
	Substances	372a, 372b	372a, 372b
	Dietary	402, 421-424	402, 421-424
	Miscellaneous	801, 802, 901-903	801, 802, 901-903
	Prevention	501	Do not need to audit

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J.2. Quality Assurance, Continued

Risk Factor Groups (continued)

Category		Quality Assurance NRF Groups	Sets of 5 NRFs for Ad Hoc Reports
Infants	Anthropometric	103, 113, 121	103, 113, 121
<ul style="list-style-type: none"> 10 risk factor groups clinics with < 2,000 participants audit 8 charts with 3 being high risk clinics with > 2,000 participants audit 16 charts with 7 being high risk 	Growth	134, 135	134, 135
	Birth Status	141, 142, 151-153	141, 142, 151-153
	Biochemical	201, 211	201, 211
	Disease states	341-350	341-345 346-350
	Nutrition/dental	351-357, 359-360, 362, 381, 382	351-355 356, 357, 359, 360 362, 381, 382
	Dietary	402, 411-412, 414, 415	402, 411-412, 414, 415
	Breastfeeding	603, 702a,-702c	603, 702a,-702c
	Special	701, 703	701, 703
	Miscellaneous	801-802, 901-903	801-802, 901-903
	Prevention	501	Do not need to audit
Children	Anthropometric	103, 113, 121	103, 113, 121
<ul style="list-style-type: none"> 7 risk factor groups clinics with < 2,000 participants audit 10 charts with 4 being high risk clinics with > 2,000 participant audit 20 charts with 8 being high risk 	Growth	134, 135	134, 135
	Biochemical	201, 211	201, 211
	Disease states	341-349	341-345 346-349
	Nutrition/dental	351-357, 359-362, 381, 382	351-355 356- 360 361, 362, 381, 382
	Dietary	402, 419, 421-425	402, 419 421-425
	Breastfeeding	603, 702a,-702c	603, 702a,-702c
	Miscellaneous	801-802, 901-903	801-802, 901-903
	Prevention	501	Do not need to audit

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J.2. Quality Assurance, Continued

Procedures

When performing a Quality Assurance Audit, you are assessing the documentation found in each client chart for **Criteria and Time Frames**.

Guide to abbreviations

Abbreviations are used to specify the time frame for audit criteria. The criterion are the factors that you are asked to look at in each chart (i.e. height and weight accurately recorded and assessed).

Abbreviation	Means
Y	Meets Criteria and Time Frames. Both the criteria and the time frame must be met before you can designate a Y.
N	Does not meet criteria & time frames. <ul style="list-style-type: none">• if only the criteria is met but not the time you must designate a N• if the criteria is not documented accurately you must document a N
--	Does not apply. This symbol can only be used if the criteria does not apply to the: <ul style="list-style-type: none">• category of participant<ul style="list-style-type: none">• referral to breastfeeding counselor for a postpartum woman• encouragement to breastfeed for a postpartum woman• hematocrit if the infant is less than 9 months• nutrition risk factor of the participant<ul style="list-style-type: none">• referral for substance abuse, tobacco cessation support if they have not indicated they are using these substances• high risk criteria if they are not currently high risk
WC	Within Certification Period. Designates that the criteria needs to be accomplished and documented anytime during the certification time period.
EC	Each Certification. Designates that the criteria needs to be accomplished and documented at each certification visit.

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J.2. Quality Assurance, Continued

Guide to abbreviations (continued)

Abbreviation	Means
NV	Next Visit. Designates that the criterion needs to be accomplished and documented at the next visit the client comes in for; i.e. one month or two months.
SC	Subsequent Certification. In order to complete this section the client will have needed to have come in for another certification visit. You are to determine the outcome of the risk condition that you audited the chart for. This allows you to evaluate the outcome of the counseling/education/foods provided by the WIC program.
EV	Each Visit (to clinic). Designates that the criterion needed to be accomplished and documented at each visit the client came into the client for; i.e. schedule appropriate nutrition education.